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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Stolts & Company, Inc.	8. Farm or Lease Name Tilly
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 11 S RANGE 33 E NMPM.	10. Field and Pool, or Wildcat North Bagley
15. Elevation (Show whether DF, RT, GR, etc.) 4309 GR	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒ OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spudded 3/21/68. Cemented 13 3/8" 48# J-55 casing at 381 feet with 400 sacks regular cement 2% calcium chloride. Cement circulated. Plug down 9:00 PM 8/21/68. WOC 18 hours and tested casing with 600# for 30 minutes, test O.K.

Cemented 8 5/8" 24# & 32# J-55 casing at 3750 feet with 200 sacks Incor Pozmix, 2% gel, 2% calcium chloride. Plug down 2:00 AM 8/29/68. WOC 18 hours and tested casing with 1,000# for 30 minutes, test O.K.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED A. L. Smith TITLE Agent DATE 8/30/68

APPROVED BY Leslie V. Clements TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: